

**EXPERIOR  
INSURANCE EXAMINATION REGISTRATION—UTAH**  
*for exams on or after December 1, 2001*

Last Name	First Name	Middle Initial	Social Security Number ____-____-____
Residence Address (Street and, if applicable, P.O. Box)			Residence Phone Number (include area code) ( )
City	State	ZIP Code	Work Phone Number (include area code) ( )
Business Address (if known, P.O. Box is acceptable)		City	State      ZIP Code
Date of Birth (Month-Day-Year) ____-____-____		Professional Designation(s), if any:	

You must notify the Department, in writing, within 30 days when you have established a business address and phone number. All future changes in business and residence addresses and/or phone numbers must likewise be reported.

Series	Exam Title	Exam Fee	Check Here
17-01	Agent's Life	\$73.00	
17-02	Agent's Accident/Health	\$73.00	
17-03	Agent's Life and Accident/Health	\$90.00	
17-04	Agent's Property and Casualty	\$90.00	
17-05	Broker's Life	\$73.00	
17-06	Broker's Accident/Health	\$73.00	
17-07	Broker's Life and Accident/Health	\$90.00	
17-08	Broker's Property and Casualty	\$90.00	
17-09	Consultant's Life and Accident/Health	\$90.00	
17-10	Consultant's Property and Casualty	\$90.00	
17-11	Adjuster's Property and Casualty    ( <input type="checkbox"/> Public <input type="checkbox"/> Independent)	\$90.00	
17-12	Adjuster's Accident/Health	\$73.00	
17-13	Marketing Representative's Title	\$73.00	
17-14	Agent's Title—Part I (general) <i>Must pass Series 17-15 within 90 days</i>	\$73.00	
17-15	Agent's Title—Part II (practical) <i>Must have passed Series 17-14</i>	\$90.00	
17-16	Agent's Escrow—Part I (general) <i>Must pass Series 17-17 within 90 days</i>	\$73.00	
17-17	Agent's Escrow—Part II (practical) <i>Must have passed Series 17-16</i>	\$90.00	
17-18	Agent's Workers Compensation	\$73.00	
17-19	Utah Laws and Regulations	\$73.00	
		Total Fee	\$
		Yes	No

This form is Page 26 of the Utah Licensing Information Bulletin. Have you read the rest of the Bulletin?

Fee may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Experior. Please put your Social Security number on the check. **PERSONAL CHECKS AND/OR CASH ARE NOT ACCEPTED. REGISTRATION FEES ARE NOT REFUNDABLE.** Testing and licensing fees are determined by the state of Utah, and are subject to contractual change without notice. To pay by credit card, please complete the information below. For expedited registration, phone 800.697.8947, fax this completed form and the license application to 800.347.9242, or register online at [www.experioronline.com](http://www.experioronline.com). To register by mail, send this completed form, your original license application and the appropriate fee to:

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By filing this registration you assume full responsibility for exam selection. Fees for this exam are not refundable or transferable. If you are unsure of which exam is necessary for the license type you are seeking, resolve this question **before** you register. Exam fees are valid for 90 days from receipt at Experior. When scheduling an exam within three days of your call, a \$5 express scheduling fee will be charged. **NEW! Save \$5 express fee when you register online at [www.experioronline.com](http://www.experioronline.com).**